

## GRANT APPLICATION FOR ACCESS AND VISITATION PROGRAMS

The South Dakota Visitation Grant Advisory Group is soliciting grant applications for funding to establish and administer programs to support and facilitate noncustodial parent access to and visitation of their children. Program activities must include scholarships for income eligible families for services such as mediation (voluntary and mandatory), counseling, parenting education, development of parenting plans, and visitation enforcement (including monitoring, supervision, and neutral drop-off and pickup).

Please take notice to the section titled "GRANT CONDITIONS" for information on federal program guidelines that apply to receipt of these funds.

Please complete each question below in its entirety, using additional sheets if necessary. Grant applications (12 copies) must be postmarked by **April 1, 2014** and should be submitted to the **Department of Social Services, Victims' Services Program, 700 Governors Drive, Pierre, SD 57501**.

1. Applicant name, address, phone number, email address:
2. Project director and/or grant manager name, address, phone number, email address:
3. Detailed description of program and its goals:
  - a. Geographic service area and population to be served by program:  
Please provide a list of counties served.
  - b. How is your agency working to meet the goals of the grant to establish and administer programs to support and facilitate noncustodial parent access to and visitation of their children? How are these goals measured?
  - c. Detailed description of how Access and Visitation grant scholarship funds will be spent. The description should include which services are offered, a description of the service, referral source, etc. Services must be delineated by "mediation", "supervised visitation", "parenting plans", "counseling", "visitation enforcement", etc. If it is a "counseling" program, the program can only address access and visitation issues.
  - d. Describe how you will ensure the safety of parents and children who are served through your program, particularly as it relates to supervised visitation and neutral drop-off and pick-up services. Outline the steps you have taken, and are taking, to ensure the safety of parents/children in the program.

#### 4. Agency Budget Information

- a. Is your agency a non-profit or for-profit organization?
- b. Is your Visitation Program a stand-alone program or part of a larger umbrella agency? If part of a larger umbrella agency, please describe the structure of the Visitation Program as it relates to the larger agency.
- c. Please provide a Visitation Program Budget that includes total expenditures and total revenues for the time period **January 1, 2013- February 28, 2014** on the chart below.
- d. If your Visitation Program is part of a larger umbrella agency, please provide a separate overall Agency Budget that includes total expenditures and total revenues for the time period **January 1, 2013- February 28, 2014** in addition to the Visitation Program Budget on the chart below.

<b>Visitation Program Budget Only</b>	
Total Expenditures	\$
Total Revenues	\$
<b>Overall Agency Budget</b>	
Total Expenditures	\$
Total Revenues	\$

5. Description of current and anticipated sources of funding for your Visitation Program for the June 1, 2014- May 31, 2015 Access and Visitation Grant Agreement Period. Please provide a list of funding sources and the dollar amount from each funding source that goes towards the Visitation Program. **Please include the amount you are requesting for the FY2015 Access and Visitation Grant here.**
6. This grant requires a 10% match, which may be in-kind or cash. Grantees are expected to provide the required match. **Describe the source of match for requested funds.**

\*Appropriate in-kind or cash match might be:

- hours of a volunteer staff's time (calculated at \$8.00 per hour);
- the portion of a paid staff person's time that is spent providing direct services to clients, but not paid by other federal grant funds; or
- cash funding from a non-Federal source that is spent on direct client services.

**Calculating the Match for Access and Visitation Program funds:**

To calculate the minimum amount of matching funds that will be needed, use the following formula:

- a. Decide how much grant money you would like to request.
- b. Divide the Request Amount by 100% minus the percent of match required.
- c. 10% match required: divide requested amount by 90%.
- d. The result will be your TOTAL PROJECT COST.
- e. Multiply the Total Project Cost by the percentage of match required (10%) to come up with the dollar amount of matching funds you will need.

**EXAMPLE:**

**A Program wants to apply for \$7,000:**

1. \$7,000 divided by 90% = \$7,778 (Total Project Cost)
2. \$7,778 times 10% (required match) = \$778

\$778 is the Match Amount Required

7. Please provide a statistical breakdown of the individuals served with scholarships from the Access and Visitation (AV) grant funds for the timeframe of **January 1, 2013-February 28, 2014. (Please only include those served with AV scholarships and not those served with other grant funds.)**

<b>AV Service</b>		Dev. Parenting Plans		Parenting Education	Visitation Compliance Monitoring	Supervised Visitation	Neutral drop-off /pickup	<b>Total</b>
<b>Number of People Served</b>	Mediation	Counseling						
<b>Number of hours of Service Provided</b>								

8. Description of income eligibility guidelines used for scholarships funded by this application:
- a. Please provide a description of the income guidelines that your program uses to determine eligibility for scholarship funds. **This should include a table that displays an example of your agency's hourly rates, co-payment amounts and amounts paid by scholarships related to a person's income. Please insert here or include as an attachment.**
  - b. How many clients received **full scholarships** for the January 1, 2013-February 28, 2014 time period?

- c. How many clients were billed for **a portion** of their services for the January 1, 2013- February 28, 2014 timeframe?
  - d. For clients that were billed for a portion of their services, what percentage of the billed services was actually collected from clients?
9. If you anticipate that the Access and Visitation Grant services you provide will be experiencing growth in the coming year please describe the anticipated growth in terms of:
- a. The number of additional clients projected to be served
  - b. The amount of additional funds needed in relationship to the number of additional clients projected to be served.
- \* If you do not anticipate growth in services in the coming year, simply state “No growth anticipated”.**
10. Please indicate if you intend to participate in the Visitation Grant Advisory Group meeting in person or by DDN. The date for the meeting is tentatively set for April 25, 2014 from 9:00 AM- 1:00 PM. Instructions for participating in the meeting via DDN or in person will be sent to each applicant prior to the meeting.

## **GRANT CONDITIONS**

- Federal funds awarded under this grant may be used to pay for 90% of the total program costs. The remaining 10% must be from non-federal sources, either state or local, cash or in-kind. The 10% match must be provided in the obligation period in the Federal Fiscal grant year in which it is due. For example, the FFY 2013 grant is October 2012 through September 2014. The match must be provided within this time period, not the liquidation period which is longer.
- Funds awarded under this grant must be liquidated by **December 31, 2015**. Any unliquidated obligations must be returned to the federal government. There is no carryover of federal funds under the State Access and Visitation Program.
- As a subgrantee of a federal grant to the South Dakota Department of Social Services, and pursuant to 45 CFR 303.109, you will be required to complete a grant survey for the United States Department of Health and Human Services (DHHS). **See attached survey and reporting instructions.**
- Grantees must comply with Public Law 103-277, Part C – Environmental Tobacco Smoke (also known as the Pro-Children Act of 1994) – requires that smoking not be permitted in any portion of any indoor facility owned, leased, or contracted by an entity and used routinely or regularly for the provision of healthcare services, day care, and education to children under the age of 18, if the services are funded by Federal programs, whether directly or through state and local governments. Federal programs include grants, cooperative agreements, loans or loan guarantees, and

contracts. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for in-patient drug and alcohol treatment. The above language regarding the requirements of P.L. 103-277 must be included in subawards which contain provisions for children's services; all sub-grantees must certify compliance accordingly. Failure to comply with the provisions of this law may result in the imposition of a civil monetary penalty of up to \$1,000 per day.

- The expenditure of funds under this program is subject to the annual audit requirements under the Single Audit Act of 1984 (P.L. 98-502) and the Office of Management and Budget Circular A-133 (Audits of States, Local Governments, and Non-Profit Organizations).
- No organization may participate in this demonstration project in any capacity or be a recipient of federal funds designated for this project if said organization has been debarred or suspended or otherwise found to be ineligible for participation in federal assistance programs under Executive Order 12549, "Debarment and Suspension." (See 45 CFR 92.35.) Prior to issuing subawards or contracts under this grant, the state must consult the ineligible parties list to ensure that organizations under funding consideration are not ineligible. The list is available on the Web at <http://www.epls.gov/epls/servlet/EPLSReportMain/4>
- Direct federal grants, sub-award funds, or contracts under the State Access and Visitation Program shall not be used to support inherently religious activities such as religious instruction, worship or proselytization. Therefore, organizations must take steps to separate, in time or location, their inherently religious activities from the services funded under this program.

As the duly authorized representative of this organization, I understand and certify that by receipt of these funds this program and organization promises to comply with all grant conditions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Date